CONFIDENTIAL REPORT OF WORK-RELATED ASTHMA

Safety & Health Assessment & Research for Prevention (SHARP)
Department of Labor & Industries
PO Box 44330, Olympia WA 98504-4330
Phone: 360-902-5669 Fax: 360-902-5672

PLEASE PRINT OR TYPE
Please photocopy this form if you need additional forms.
Return completed form to SHARP.

Name of Person Submitting Report

Reporting Date (mm/dd/yyyy)	Phone Number of Person Submitting Report

Patient's Name (Last, First, Middle)

Patient's Address City State Zip Code

Patient's Phone Number	Patient's Date of Birth (mm/dd/yyy)	Patient's Age	Patient's Sex ❑ M ❑ F

Patient's Occupation

Patient's Employer (Include Company Name, City, and State)

Name of Suspected Chemical or Agent

Work-Related Asthma Classification
❑ New-Onset Asthma ❑ Work-Aggravated Asthma ❑ Reactive Airways Dysfunction Syndrome (RADS)

Date of Symptom Onset (mm/dd/yyyy)	Date of Diagnosis (mm/dd/yyyy)

Diagnosing Physician's Name	Diagnosing Physican's Specialty

Diagnosing Physican's Address City State Zip Code

Diagnosing Physican's Phone Number

Thank you for your time submitting this case report!